	(1)	(2)	(3)
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1,	Automobile Liability		
	Private Passenger	4,820,182	+10.6%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial	3,025,928	+1.4%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Base rate revision to align our price levels with rate indications

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



American International South Insurance Company

Name of Company

Melissa Petrowsky-Product Manager

Official - Title

Change in Company's premium or rate level produced by rate revision effective 10/1/05 NB, 11/15/05 RL

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial	1,248,958	13.8%
2.	Automobile Physical Damage Private Passenger Commercial	976,015	-5.0%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5	Glass		
6.	Fidelity		
7 .	Surety		
8.	Boiler and Machinery		<u> </u>
.9	Fire		
10.	Extended Coverage		·
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15	Other	-	•
	Line of Insurance		
Does No.	filing only apply to certain territory (territory	ories) or certain classes? If so, specify:	·
	description of filing (if filing follows rates and Rules changes, See filing memorar	of an advisory organization, specify organ adum for description of changes.	nization):

Atlantic Mutual Insuance Company	
Name of Company	
Rosol Nay - Rig. Conquera	ng
Official - Title	,

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	September 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Gemmersial	718,650	-3.0%
2. Automobile Physical Damage	477 700	-3.0%
Private Passenger Cemmereial 3. Liability Other Than Auto	477,722	-3.0%
Liability Other Than Auto Burglary and Theft		
5. Glass	<u> </u>	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	-	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	No
of Cinemaial Degrapability Cooring	ates of an advisory organization, specify org	· · · · · · · · · · · · · · · · · · ·
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from application of new rates.	
	Auto Club Ec	amily Insurance Company
		me of Company
	Deborah Miller - Ma	anager, Insurance Administration
		Official - Title

Change in Company's premium or rate level produced by rate revision effective NB: 07/01/05 Ren: 08/06/05.

(1)	(2)	_ (3)
<u>Coverage</u>	Annual Premium	Percent
	Volume (Illinois) *	Change (+ or -)"
1. Automobile Liability		
Private Passenger	<u>\$17,632,250</u>	0.3%
Commercial		
2. Automobile Physical Damage		
Private Passenger	\$15,148,474	<u>-7.5%</u>
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage	<u></u>	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Line of Insurance		
		_
Does filing only apply to certain	n territory (territories) or certain classes? If so,
specify:		
-		
Brief description of filing. (I	f filing following rates	s of an advisory organization,
specify organization): Rate and ru	le changes. (Please see	cover letter)
<u></u>		
•		
Adjusted to reflect all prior rat	e changes.	
"Change in Company's premium leve	l which will result from	application of new rates.
Change in company o premium reve		
	2	Auto-Owners Insurance Company
		Name of Company

30004 (6-77)



Amy Kissman, Manager
Personal Automobile Actuarial Dept.
Official - Title

121

Change in Company's premium or rate level produced by rate revision effective 10/1/05 NB, 11/15/05 RL

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)	Change (+ or -)
1.	Automobile Liability		
	Private Passenger	110,052	14.1%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	80,301	-3.5%
	Commercial		
3.	Liability Other Than Auto		
4	Burglary and Theft		
5 .	Glass		
6.	Fidelity		
7 .	Surety		
8.	Boiler and Machinery		
9	Fire		
10.	Extended Coverage		
11.	Inland Manne		
12.	Homeowners		•
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does	filing only apply to certain territory (territo	ries) or certain classes? If so, specify:	
No.			
	description of filing. (If filing follows rates		anization):
₹ates	and Rules changes. See filing memoran	dum for description of changes.	

Centenr	ial Insuand	e Comp	oany	
Na	ame of Con	npany		
Proly	Day	Rig.	Chaptero	ng
	Official / Ti	Ho //		"

Change in Company's premit	m produced by r	ate revision et	fective 7/11/2005.
+\$2.013			

	(1)	(2) Annual Premium	(3) Percent
	Coverage		Change (+ or -) **
4	Coverage Automobile Liability	Volume (Illinois)*	Change (+ or -)
١.	Private Passenger	\$322,997	+0.3%
	Commercial	Φ322,931	10.374
2	Automobile Physical Damage		
۷.	Private Passenger	\$347,844	+0.3%
	Commercial	\$347,6 44	+0.576
3	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	·	
	Crop Hail		····
	Other -		
١٠.	(Line of Insurance)		
	(Line of Hisbiration)		
Doe	s filing only apply to certain territory (territories) or certain classe	s? If so, specify:
	No, the filing applies to all territories.		
			· · · · · · · · · · · · · · · · · · ·
Brie	f description of filing. (If filing follows	rates of an advisory organi	zation,
spe	cify organization): Revise base rates.	Redefine territories.	

The First Liberty Insurance Corporation
Name of Company

Juan Abad - Actuarial Assistant

Official Title

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR

JUL 8 2005

SPRINGFIELD, ILLINOIS

^{*} Reflects 2004 page 14 direct written premium

^{**} Change in Company's premium level which will result from application of new rates.

Change in Company's premium produced by rate revision effective 8/15/2005.

_\$2,013

(1)	(2)	(3)
(1)	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability		
Private Passenger	\$322,997	-0.3%
Commercial		
2. Automobile Physical Damage		
Private Passenger	\$347,844	-0.3%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other -		
(Line of Insurance)		
Does filing only apply to certain territory	(territories) or certain class	es? If so, specify:
No, the filing applies to all territorie	·····	
Brief description of filing. (If filing follow	vs rates of an advisory organ	ization,
specify organization): Revise base rate	es Redefine territories.	<u> </u>
specify organization). The vise base rank		
* Reflects 2004 page 14 direct writte	en premium	
** Change in Company's premium le	vel which will	
result from application of new rate		
room approare a montant		
		surance Corporation
	Name o	f Company
		ctuarial Assistant
	Offici	al - Title

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate lev	7-15-05 New Business	
8-15-05 Renewal Business		
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	\$27,855,573	
2. Automobile Physical Damage	· · · · · · · · · · · · · · · · · · ·	 -
Private Passenger Gemmercial	\$22,286,268	
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity _		
7. Surety _		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		<u> </u>
15. Other		
Line of Insurance		
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	No
Dood iming biny apply to donain termory (t	•····•································	
Drief description of filing (If filing follows	oton of an advisory organization anality are	unnization): Can Filing Letter
brief description of filling, (if filling follows in	ates of an advisory organization, specify org	janization). See Filing Letter
*Adjusted to reflect all prior rate changes.		

^{**}Change in Company's premium level which will result from application of new rates.



General Casualty Company of Illinois
Name of Company

Paul H. Schulte - AVP - Personal Lines Operations
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level p 3-15-05 Renewal Business	produced by rate revision effective	7-15-05 New Business
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger- Commercial	\$360,546	-3.68
 Automobile Physical Damage Private Passenger Commercial 	\$307,583	-3.93
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
12. Homeowners	<u>. </u>	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (territ	tories) or certain classes? If so_specify	· No
boes ming only apply to certain territory (territ	torical or deritative diagonal. It do, openly	. 110
Brief description of filing. (If filing follows rates	s of an advisory organization, specify o	rganization): <u>See Filing Letter</u>
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates	5.
	Connect Con	ualty Company of Missansia
	General Casi	ualty Company of Wisconsin Name of Company
	Paul H. Schulte -	AVP - Personal Lines Operations Official - Title
		Oniciai – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUL 2 0 2005

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial	\$970,801	-9.94%
2.	Automobile Physical Damage Private Passenger Commercial	\$714,281	-13.90%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Hastings Mutual Insurance Co.
Name of Company

Ellen T. Lavender
Product Manager

Official - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	9/16/2005
(1) Coverage	(2) Annual Premium <u>V</u> olume (Illinois)*	(3) Percent
<u>ooverage</u>	Volume (minois)	Change (+ or -)**
Automobile Liability Private		
Passenger Cemmercial	\$1,386,717	-2.0
Automobile Physical Damage		
Private Passenger Commercial	\$1,436,838	-5.4
3. Liability Other Than Auto	-	
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
40 17		
13. Commercial Multi-Peril		
14 Cron Hail		<u> </u>
15. Other		
Line of Insurance		
Brief description of filing. (If filing follows rat Revising Base Rates Revising Territories Revising Credit Discount Levels Introducing School Payroll Discount and Em Revising Class Factors	es of an advisory organization, specify orga	nization):
Revising Model Year Factors		
Revising Collision Deductible Factors		
'Adjusted to reflect all prior rate changes. '*Change in Company's premium level whic	h will result from application of new rates.	
	Horace Mann	Insurance Company
	Nan	ne of Company
_		
DIVISION OF INSURAN DIVISION OF ILLUNOISIDER STATE OF ILLUNOISIDER	Dustin Loeffle	er, Assistant Actuary I fficial – Title
JUL 1 4 200 SPRINGFIELD, IL	LINOIS	
\ 3'.		

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	9/16/2005
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Gemmercial	\$360,160	-3.0
2. Automobile Physical Damage		
Private Passenger Commercial	\$385,625	-9.0
3. Liability Other Than Auto		
 Burglary and Theft 		
5. Glass		
5. Fidelity		
7. Surety		
		<u> </u>
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. OtherLine of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify: <u>N</u>	lo
Brief description of filing. (If filing follows rate	s of an advisory organization, specify orga	anization):
Revising Base Rates		
Revising Territories Revising Credit Discount Levels		
ntroducing School Payroll Discount and Emi	nlovas Payroll Dissount	
Revising Class Factors	bloyee Payloli Discoult	
Revising Model Year Factors		
Revising Collision Deductible Factors		
Veviality Collision Deductible Lactors		
Adjusted to reflect all prior rate changes. *Change in Company's premium level which	will result from application of new rates.	
	•	
	Horace Mann Property Na	Casualty Insurance Company me of Company
		ler, Assistant Actuary I
	(Official - Title



SUMMARY SHEET

(Change in Company's premium or rate	e level produced by rate revision effectiv	e <u>8/1/05</u>
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+or -)**
1.	Automobile Liability		
	Private Passenger	\$127,058,333	\$0
	Commercial	<u></u>	
2.	Automobile Physical Damage		
	Private Passenger	\$123,263,716	
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (to	erritories) or certain classes? If so, speci	fy:
Brief o	lescription of filing. (If filing follows Reducing Comprehensive and C Increasing Auto-Renter and Aut Reducing rates for drivers ages 2 Revising Accident Surcharge fac	o-Renter-Life Discounts. 21-29	fy organization):
** Cl	djusted to reflect all prior rate change nange in Company's premium level w sult from application of new rates.		
		Illi	nois Farmers Insurance
		Con	mpany
	DIVISION OF IN	NSURANCE lois/idepr	Name of Company

H29219D

RECEIVE

JUL 2 0 2005

SPRINGFIELD, ILLINOIS

Bill Martin -- Vice President Auto
Official - Title

Change in Company's premium produced by rate revision effective 8/15/2005.
-\$7,992

	-ψ/,33Z		
	(1)	(2)	(3)
	(.)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -) **
1	Automobile Liability		
	Private Passenger	\$1,426,253	-0.3%
	Commercial		
2	Automobile Physical Damage		
۷.	Private Passenger	\$1,237,884	-0.3%
	Commercial		
3	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	••••••••••••••••••••••••••••••••••••••		
	Homeowners Commercial Multi-Peril		
	Crop Hail		
15.	Other -		
	(Line of Insurance)		
Doe	es filing only apply to certain territory No, the filing applies to all territories	(territories) or certain classe	es? If so, specify:
Brie spe	of description of filing. (If filing follows cify organization): Revise base rates	s rates of an advisory organi s. Redefine territories.	ization,
*	Reflects 2004 page 14 direct writter Change in Company's premium lever result from application of new rates.	el which will	
		Liberty Insurar	nce Corporation
		Name of	Company
			ctuarial Assistant
		∩fficia	al - Title

SPRINGFIELD, ILLINOIS

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (illinois)*	(3) Percent Change (+ or -) **
Automobile Liability		- ,
Private Passenger	\$1,426,253	-5.2%
Commercial		
Automobile Physical Damage		
Private Passenger	\$1,237,884	-5.9%
Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		······································
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other -		
(Line of Insurance)		
Does filing only apply to certain territo No, the filing applies to all territo		es? If so, specify:
Brief description of filing. (If filing follospecify organization): Revise base re		zation,
* Reflects 2004 page 14 direct wri		
result from application of new ra		
result from application of new ra	tes.	nce Corporation
result from application of new ra	tes. Liberty Insurar	nce Corporation
result from application of new ra	tes. Liberty Insurar	
	tes. Liberty Insurar Name of	

Change in Company's premium produced by rate revision effective 7/11/2005. +\$190,558

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
Automobile Liability	Volumo (minolo)	Change (* c.)
Private Passenger	\$32,886,340	+0.3%
Commercial	402,000,010	
Automobile Physical Damage		
Private Passenger	\$30,633,102	+0.3%
Commercial	700,000,100	
3. Liability Other Than Auto		
Burglary and Theft	 	
5. Glass		
6. Fidelity	., ., ., ., ., ., .,	
7. Surety		-
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other -		· · · · · · · · · · · · · · · · · · ·
(Line of Insurance)	 -	
Does filing only apply to certain territory (to No, the filing applies to all territories.	erritories) or certain classe	es? If so, specify:
Brief description of filing. (If filing follows specify organization): Revise base rates.	• •	ization,
* Reflects 2004 page 14 direct written ** Change in Company's premium level result from application of new rates.		

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUL 8 2005

SPRINGFIELD, ILLINOIS

Liberty Mutual Fire Insurance Company
Name of Company

Juan Abad - Actuarial Assistant
Official - Title

Change in Company's premium produced by rate revision effective 8/15/2005.
-\$190,558

	Ψ,00,000		
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -) **
1	Automobile Liability		
٠.	Private Passenger	\$32,886,340	-0.3%
	Commercial		
2	Automobile Physical Damage		
۷.	Private Passenger	\$30,633,102	-0.3%
	Commercial		
2	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other - (Line of Insurance)		
	(Line of insurance)		
Doe	es filing only apply to certain territory No, the filing applies to all territories	(territories) or certain classe	
Brie spe	of description of filing. (If filing follows cify organization): Revise base rates	rates of an advisory organ Redefine territories.	ization,
***	Reflects 2004 page 14 direct writter Change in Company's premium lever result from application of new rates.	el which will	
		Liberty Mutual Fire	Insurance Company
		Name of	Company
			ctuarial Assistant
		Officia	al - Title

SUMMARY SHEET

	Change in Company's premium or ra	te level produced by rate revision effe	ective <u>8/1/05</u>
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+or -)**</u>
1	Automobile Liebility		
1.	Automobile Liability Private Passenger	\$35,992,088	\$0
	Commercial	400,772,000	
2.	Automobile Physical Damage	-	
	Private Passenger	\$18,794,936	\$0
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	filing only apply to certain territory (t	erritories) or certain classes? If so, sp	pecity:
No			
Brief		s rates of an advisory organization, sp	pecify organization):
	Reddenig Comprehensive and C	onision Symbol 1 actors	
	djusted to reflect all prior rate change		
	hange in Company's premium level v	vhich will	
re	sult from application of new rates.		
		1818	Mid Control Insurance Constant
		ISION OF INSURANCE	Mid-Century Insurance Company
	P	TATE OF ILLINOIS/IDEPR	Name of Company
	1		
	1	JUL 2 0 2005	Bill Martin Vice President Auto
	1	- ~ 4 2005 -	Official - Title
H2921	19D 9Dn	1210-	Omoun - Amo
.1676	SPR	INGFIELD, ILLINOIS	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate I	evel produced by rate revision effective	e 6 30 05 New BUSINESS
(1)	(2)	8/30/05 Renumble Busines
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1.4.		
Automobile Liability Private Passenger Commercial	3,073,679	+ 10.52
2. Automobile Physical Damage		
Private Passenger Commercial	3,355,200	0.0%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, s	pecify: KV husians by original
cost new.		
and the state of t		ooif , oonooination)
Brief description of filing. (If filing follows	s rates of an advisory organization, spe	
prop rette and cost rece	Ter ICus.	
•		

^{**}Change in Company's premium level which will result from application of new rates.



National General Assurance Company
Name of Company

Brent Radaloff, VP ElSr. Product Manager

Official - Title

Botts, glasleff

^{*}Adjusted to reflect all prior rate changes.

Change in Company's premium or rate level produced by rate revision effective \underline{NB} : 07/01/05 Ren: 08/06/05.

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial	\$11,539,550	-0.8%
2.		\$11,213,846	-8.1%
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
	Fidelity		
7. 8.			
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners Commercial Multi-Peril		
	Crop Hail		-
	Other		
	Line of Insurance		
Doe:	s filing only apply to certain	territory (territorie	s) or certain classes? If so,
Brie	ef description of filing. (If cify organization): Rate and rul	filing following rate e changes (Please see c	es of an advisory organization,
		,	
. A	djusted to reflect all prior rath hange in Company's premium level	te changes. . which will result from	n application of new rates.
	DIVISION OF INSURANCE	DE	Owners Insurance Company

STATE OF ILLINOIS/IDEPR

JUL 8,2005

SPRINGFIELD, ILLINOIS

Name of Company

Amy Kissman, Manager Personal Automobile Actuarial Dept.
Official - Title

30004 (6-77)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate 8-15-05 Renewal Business	level produced by rate revision effective	7-15-05 New Business
0-10-00 Renewal Dusiness		
(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial	\$93,551	-3.58
2. Automobile Physical Damage		
Private Passenger Commercial	\$69,896	3.81
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		-
14. Crop Hail		•
15. Other		
Line of Insurance	-	.
Does filing only apply to certain territory	(territories) or certain classes? If so, specify: I	No
Brief description of filing. (If filing follows	s rates of an advisory organization, specify org	anization): <u>See Filing Letter</u>
		<u> </u>
<u> </u>		
*Adjusted to reflect all prior rate change		
**Change in Company's premium level v	which will result from application of new rates.	
		Insurance Company
	IN:	ame of Company
	Paul H. Schulte - A	VP - Personal Lines Operations

Official - Title



Change in Company's premium or rate level produced by rate revision effective $\frac{10/01/2005}{}$.

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
 Automobile Liability 		
Private Passenger	2,348,003	
Commercial		
2. Automobile Physical Damage		
Private Passenger	564,725	-18%
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
-		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain If so, specify:	territory (territories)	or certain classes?
Brief description of filing. (If organization, specify organization		an advisory DIVISION OF INSURANCE
		RECEIVED
* Adjusted to reflect all prior r ** Change in Company's premium lev	vel which will	JUL 1 8 2005
result from application of new	rates.	_
	Į	SPRINGFIELD, ILLINOIS
	CECUEN Incurance A M	utual Company
	SECURA Insurance, A M	
	Name of Comp	pany
	Robert Bauman -	
	Official - T	itle
H29219D		

ILLINOIS

SUMMARY SHEET (Form RF-3)

Change in Company's premium or rate level produced by rate revision effective August 1, 2005 (New Business) September 1, 2005 (Renewals) (3) (2) (1) Estimated Percent Annual Premium Change (+ or -)** Volume (Illinois)* Coverage 1. Automobile Liability -1.9%Private Passenger \$857,579,890 0.0% Commercial \$24,837,050 2. Automobile Physical Damage -1.4% \$675,842,532 Private Passenger \$21,376,230 0.0% Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rates for the auto program, including introduction of age rating factor, Good Driving Discount and Customer Rating Index (CRI). For new business and added cars, the CRI will be based on our current new business model and will apply for two years. For renewal business (in force at least two years), the CRI will be calculated using a model developed by State Farm using internal State Farm information. The renewal model will not include information from consumer reports. Enclosed are the rules outlining the new programs. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY Name of Company

KATHY POPEJOY, ACTUARY AND ASSISTANT SECRETARY-TREASURER

Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUN 2 8 2005

ILLINOIS

SUMMARY SHEET (Form RF-3)

Change in Company's premium or rate level produced by rate revision effective August 1, 2005 (New Business) September 1, 2005 (Renewals) (3) (2) (1)Estimated Annual Premium Percent Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability -4.0% \$84,729,286 Private Passenger \$2,320,682 0.0% Commercial 2. Automobile Physical Damage \$61,609,844 -4.1% Private Passenger \$1,181,350 0.0% Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revised rates for the auto program, including introduction of age rating factor and Customer Rating Index (CRI). For new business and added cars, the CRI will be based on our current new business model and will apply for two years. For renewal business (in force at least two years), the CRI will be calculated using a model developed by State Farm using internal State Farm information. The renewal model will not include information from consumer reports. Enclosed are the rules outlining the new programs. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.

STATE FARM FIRE AND CASUALTY COMPANY

Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

STATE OF LENGTHY POPEJOY, ACTUARY AND ASSISTANT SECRETARY-TREASURER

Official - Title

JUN 2 8 2005

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		9/16/2005	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**	
Automobile Liability Private			
Passenger Gemmercial _	\$3,206,340	-2.1	
Automobile Physical Damage			
Private Passenger Cemmercial	\$3,655,696	-6.0	
Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. OtherLine of Insurance			
	erritories) or certain classes? If so, specify: No)	
Brief description of filing. (If filing follows ra Revising Base Rates Revising Territories Revising Credit Discount Levels Introducing School Payroll Discount and El Revising Class Factors Revising Model Year Factors	ites of an advisory organization, specify organ	nization):	
Revising Collision Deductible Factors			
Adjusted to reflect all prior rate changes.	ch will result from application of new rates.		
	Teachers In	surance Company	
	Name	e of Company	
	Dustin Loeffle	r, Assistant Actuary I	
		ficial – Title	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECE!! VED

JUL 1 4 2005

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/23/2005

	(1)	(2)	(3)
		Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
l.	Automobile Liability		
	Private Passenger	\$24,597,701	+4.5%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	\$20,050,299	0.0%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (te	erritories) or certain classes? If so, spe	city:
This f	iling affects all territories and all clas	ses.	
Brief	description of filing. (If filing follows	rates of an advisory organization, spe	city organization):
This f	iling is for a rate increase and remova	d of Drive-to-Work from the class plan	i. (See Exhibit II.)

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPPE

STATE OF ILLINOIS/IDEPPE

JUL 2 9 2005

SPRINGFIELD ILLINOIS

United Services Automobile Association

Name of Company

John Mancini, Executive Director Regulatory Compliance Official - Title

H29219D

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09-23-2005

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	\$17,205,362	+2.8%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	\$16,209,329	+0.0%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
		erritories) or certain classes? If so, spe	ecity:
This f	iling affects all territories and all cla-	sses.	
trief (description of filing. (If filing follow	s rates of an advisory organization, spe	ecity organization):

Brief description of fitting. (If fitting toflows rates of an advisory organization, specify organization): This filing is for a rate increase and removal of Drive-to-Work from the class plan. (See Exhibit II.)

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



USAA Casualty Insurance Company

Name of Company

John Mancini, Executive Director Regulatory Compliance Official - Title

H29219D

Change in Company's premium or rate level produced by rate revision effective <u>09/23/2005</u>

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	\$2,177,976	+2.8%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	\$1,746,233	+0.0%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
			·•e
		erritories) or certain classes? If so, spe	city:
This t	iling affects all territories and all clas	ses.	
		6	-: 6i\i\.
Brief	lescription of filing. (If filing follow	s rates of an advisory organization, spe	CHY Organization):
thist	iling is for a rate increase and remove	al of Drive-to-Work from the class plan	i. (See Exhibit II.)

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



USAA General Indemnity
Company
Name of Company

John Mancini, Executive Director Regulatory Compliance Official - Title